



# STATE OF SOUTH CAROLINA DEPARTMENT OF CONSUMER AFFAIRS

## CORPORATE OR LIMITED LIABILITY (LLC) INFORMATION SUPPLEMENTAL FORM C

**Mailing Address**

P.O. Box 5757  
Columbia, SC 29250-5757

S.C. Code Ann. § 40-58-10 through -110 (Supp. 1997)

[www.sccoconsumer.gov](http://www.sccoconsumer.gov)

803-734-4236/800-922-1594

**Street Address**

3600 Forest Drive  
Columbia, SC 29204-4406

### **DO NOT FAX THIS FORM**

The following information must be provided for all Corporations or Limited Liability Companies ("LLC"). Enclose a CERTIFICATE OF GOOD STANDING from the Secretary of State of South Carolina and your ARTICLES OF INCORPORATION/ORGANIZATION. INCOMPLETE INFORMATION COULD RESULT IN DELAY OR DENIAL OF YOUR APPLICATION. Additionally, if any of the information on this form changes submit a new form.

1. Name of Corporation/LLC: \_\_\_\_\_
2. d/b/a (doing business as): \_\_\_\_\_
3. Physical Address of Corporation/LLC: \_\_\_\_\_  
(Include City, State and Zip) \_\_\_\_\_
4. Mailing Address of Corporation/LLC: \_\_\_\_\_  
(Include City, State and Zip) \_\_\_\_\_
5. List the names of all officers and principals of the Corporation or managers/members of the LLC: (include each officer's percentage of ownership and title with the company).

OFFICER/PRINCIPAL	TITLE	PERCENTAGE OF OWNERSHIP

6. List the agent for service of process for the Corporation /LLC in South Carolina (This is a person, either yourself or someone you designate, to receive any "legal documents" served on your business in the event of legal action): \_\_\_\_\_
7. Physical and mailing address in South Carolina of agent for service of process for the Corporation/LLC, including ZIP code and county: \_\_\_\_\_

I swear or affirm and certify that I have completed and/or reviewed all information on this form and that all information contained herein is true and accurate. I further certify that I understand that giving false information constitutes cause for denial or revocation of my application and subjects me to criminal prosecution for perjury. I acknowledge that I have a duty and agree to update and correct this information as it changes.

\_\_\_\_\_  
Signature of Member/Employee

\_\_\_\_\_  
Type or Print your name and Business Relationship or Title

SWORN TO AND SUBSCRIBED before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Notary Public For \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

**The South Carolina Freedom of Information Act may  
require the Department of Consumer Affairs to  
release this form as a public record.**